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A Case of Cæsarean Section, and one of Extra-Uterine Gestation.

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By ROBERT ABERDEIN, M. D.,
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Mr. President and Fellow-Members: I venture to present to you this morning the histories of two cases which occurred in my practice, their rarity and my irregular attendance at our quarterly meetings being my only excuse for bringing them before you at this late day.

A CASE OF CÆSAREAN SECTION.

On the evening of the 16th of June, 1881, I was notified by Mr. S. that his wife was beginning to have labor pains with her first child. Accordingly, I called about 10 P. M.; found her reclining on a sofa awaiting my arrival. She said she was feeling pretty easy, and, thinking she might rest for the night, I made no examination, but left her, promising not to accept any other call that night. About 2 A. M. of the 17th the husband came for me again. On my arriving at the house, the nurse informed me that the waters had broken. I made an examination and found what I considered to be the head well down in the middle strait, but could not detect the os. After a while I made a second ex-

* Read before the Medical Society of the County of Onondaga.

duced my hand far enough up anteriorly to distinguish the os not much dilated. The pains not being very strong, I did not examine again for some time. At the third examination, by bimanual taxis I found a tumor above the pubes, and through the os detected the fontanelle. Then I knew I had a formidable amination, first giving a few whiffs of chloroform, when I introcase to deal with, and requested counsel. Dr. A. Mercer was sent for. He, too, thought he felt the head, but could not find the os until, under chloroform, he searched for it as I had done. I had previously tried to force up the tumor into the abdominal cavity, thinking that by dislodging it I might turn, should the head not engage.

I now applied the forceps and endeavored to press the head back, while Dr. Mercer tried to push the tumor up out of the basin of the pelvis. After successive efforts and failures we asked for another physician, and Dr. Van de Warker was sent for. When we had told him our experience, he, after examining, said, "Why not aspirate?" We attempted to, but did not succeed in getting a drop of fluid. Then one of us proposed the Cæsarean operation; it was conceded by the others to be the only resource left; the family were informed, and a ready consent was given. Leaving Dr. Mercer and Dr. Van de Warker with the patient, I started out to get the instruments required and invite a few medical friends to assist. About noon, the patient being anæsthetized, Dr. Pease, Dr. Van Duyn, Dr. A. C. Mercer, Dr. Cook, Dr. Stephenson, and Dr. Slocum were admitted to the room. The woman was placed upon the operating-table and Dr. Pease made the examination for the other physicians. His opinion coinciding with our own, and all deciding the Cæsarean section to be the only possible procedure, I performed the operation, assisted by a sufficient number of my colleagues, delivering the mother of a finely developed, healthy daughter. The placenta was removed through the wound, and so skillfully had my friends applied the pressure that not a drop of fluid escaped into the abdomen. The uterine incision was brought together by interrupted sutures of carbolized catgut.

Before the abdominal wound was closed it was asked whether it was better to remove the tumor. On examination, several

thought the pedicle to be too short and thick, and, wishing to give the patient every chance, it was left *in situ*. The woman rallied nicely from the chloroform, and I stayed with her for the succeeding eighteen hours, during which time she complained very little of pain, took what was given her, caressed her baby, and often asked why I would not allow her to turn and twist in bed as she wanted to. The urine was drawn off every fifth or sixth hour, the vagina at the same time being examined and the lochial discharge noted to be nearly normal in quantity and quality. On leaving the house I cautioned the nurse not to allow any one to enter the room during my absence except the husband. I had not been gone long, however, when some of her friends visited her, and one, more officious than the rest, told her she had been cut open and the baby removed in that way. This was the first intimation she had of the operation; the news, and the graphic way in which it was communicated, produced a shock; she fainted, rallying partially after a while, only to pass into another faint more profound, and about twenty-five hours after the operation she quietly passed away. Dr. Mercer, whom I found with her when I returned, had done all that was possible to revive her, and coincided with me in attributing the direct cause of death to delayed shock.

At the autopsy, performed twenty-four hours after death by Dr. Jacobson and Dr. Elsner, Dr. Mercer, Dr. Pease, and myself being present, the following notes were made: Subject, a well-developed blonde, five feet three inches in height, about one hundred and thirty pounds in weight, twenty-nine and a half years old. On reopening the abdominal wound, no signs were found of commencing peritonitis; the uterus and its appendages were removed; the abdominal cavity contained very little if any fluid. The tumor was found to be egg-shaped, attached, by a round pedicle three fourths of an inch long and one inch in diameter, to the posterior wall of the uterus five inches from the os, the entire length of the womb being nine inches. The natural position of the tumor had been transverse, as was shown by the position of the fibers of the pedicle; but its attachment, being a little nearer the smaller end, had allowed the heavier extremity to dip down into Douglas's *cul-de-sac*. The dimensions of the

tumor were: long circumference fourteen inches, long diameter six inches; circumference of large extremity twelve inches, diameter four inches.

On a section being made into it, the walls were found to be over an inch thick, very hard and unyielding. The interior resembled that of a kidney.

After having completed the post-mortem and closed the cavity, it was found that in some mysterious way we had neglected to return the specimen. Not knowing how better to dispose of it, it was handed over to Dr. A. Clifford Mercer, who promised to prepare it for the histological museum of the Syracuse University; hence I am enabled to present it for inspection now.

I met Mr. S. only a few days ago, and he informed me that the little girl was growing nicely and had seldom seen a sick day.

CASE OF EXTRA-UTERINE GESTATION.

On April 24, 1884, I received a note from Mr. M., asking when it would be convenient for me to visit his wife. I answered at 5 P. M., about which time I called, and was met by the family physician, who gave me the following brief history of the case I was called to see: Mrs. M. had given birth to a vigorous, healthy boy about eight years before, since which time she had never been pregnant. In January he was called to her, and, the symptoms indicating suppression of the menses from cold, he gave her some remedies which restored them, but she had not menstruated since. For the past two weeks she had been confined to her bed, suffering from a pain in the left side of the abdomen, had considerable nausea, and the bowels were constipated. He was at a loss to know whether these symptoms were from pregnancy or some other cause. On entering the sick-room I found the patient in bed; her countenance was pale, and had a worn, anxious expression; the skin appeared to be normal in temperature; pulse rather rapid. After a brief interview I made a digital examination. I found the womb enlarged, the os having that peculiar, indescribable feeling attendant upon gestation.

The breasts, too, had commenced to enlarge, and the areolæ were darker than normal. I did not hesitate to pronounce her pregnant and about in the third month. On examining the abdomen, I found considerable tenderness on the left side. She said she felt easier when the left leg was flexed. She had had chills, and nausea was very persistent. I advised citrate of magnesium as an aperient and stomachic sedative, and the abdomen to be painted with ol. menthæ pip., then covered with a heated flannel, over which an abdominal bandage was to be firmly applied. She seemed much relieved and greatly pleased when I expressed my belief in her being pregnant. On May 13th the husband called to say that his wife was feeling much better, but would like to have me call again, as she wanted to know if I was certain she was *enceinte*. On a second examination I reiterated my former statement, as I was able to detect the uterine souffle in the left inguinal region. She had improved very much since my first visit, and was up and about the house. I advised her to take as much out-of-door exercise as she could without fatiguing herself, and live on plain, substantial food. In the course of a few weeks the husband called and jubilantly informed me that his wife had felt life a short time before, and that she had improved very much since. From this time on I heard nothing of the case till September 18th, when I was called in the evening, and found the family physician there. He said pains had commenced two days before, and he had remained with her both nights; as she was pretty well worn out, he requested me to make an examination and determine whether labor had actually commenced. On doing so, I found the parts relaxed and pretty well bathed in that albuminous mucus which lubricates the vagina during parturition. The mouth of the womb was soft and dilatable, but no part of the child was presenting. The nurse said the movements of the fœtus had been so strong a few days before as to kick a book off the mother's lap as she lay reading. I told them labor was commencing, but, as there was no presentation at present, they would have ample time to summon the doctor when he was needed, and advised an anodyne to procure rest. Some time after this I met the husband on the street. He said he was very anxious about his

wife, as she had not been confined yet, and had not felt life since I last saw her.

On November 27th he called and asked me to take charge of the case. On doing so I explained to them the necessity of determining whether the fœtus was in the womb or abdominal cavity, as I had grave fears that something was radically wrong.

The patient was able to retain but very little in the stomach; fever was pretty constant, although she had no chills, and there was circumscribed soreness on left side of the abdomen, which was distended as at full term, and tympanitic. I could not detect the fœtal heart-sounds nor determine the location of the head. The following evening I called upon Dr. Didama, who went with me and administered ether while I dilated the womb and explored it, only to find it, as I had feared, empty. The doctor verified my statement, and I, knowing what I did, was certain there was a dead fœtus in the abdominal cavity; but the patient was in such a prostrated condition that we concluded to wait, endeavoring to build up her strength and trust to either mummification or the establishment of a fistulous opening into the vagina or rectum, as sometimes does occur. Various remedies were tried for the persistent nausea, which would succeed one day only to fail the next. Opium in any form gave no relief, but rather increased the intolerance of the stomach. Dr. Van de Warker saw her with me, and advised an enema of ʒj each of pot. bromidi and chlo. hydrat. at bedtime; total abstinence from anything by the mouth for twenty-four hours. This did not act kindly, and, after three trials, I abandoned it, again trying morphine hypodermically, which, with ten-grain doses of oxalate of cerium occasionally, gave most satisfaction. To nourish her, an enema consisting of one egg, half a tablespoonful of cod-liver oil, one grain of quinine, a teaspoonful of brandy, and milk enough to make about three ounces, was given every fourth or fifth hour. She now seemed to improve, and, as there were no symptoms of septic poisoning, we began to hope that, after all, she might get better. On the morning of December 15th, on entering the house, I discovered a most horrible odor; passing into the sick-room, the nurse informed me that in the

middle of the night something seemed to break, and there was a gush of fluid from the vagina. On separating the legs, the discharge came with a force and sound resembling escaping steam, saturating everything on the bed and almost filling a bed-pan, which she hastily placed in position. The patient lay passive and faint. I gave her some brandy, and, on applying my hand to the abdomen, found the distension very much reduced. I discovered, on examining *per vaginam*, that the fluid came through the mouth of the womb, so concluded that the passage was either through the left Fallopian tube or uterine wall. The fluid was of a dirty grayish color, interspersed with spots of pink. Pouring it carefully from the vessel, I succeeded in getting a small shred of membrane which, under the microscope, proved to be skin, with a few delicate hairs *in situ*. I thought we should probably have septicæmia following rapidly, and that a few days at most would end the patient sufferer's time on earth. But, instead of our forebodings being fulfilled, she rallied more than before. Day by day the discharge kept up, the patient gradually improving, and finally the nutrient enemata were nearly altogether supplemented by nourishment *per os*. The husband, whose business had long required him elsewhere for a time, now, on my suggestion, left, but three or four days after was telegraphed for, as grave symptoms had appeared. On the morning of January 3d I found that, during the night, the discharge had suddenly ceased, and the abdomen was again distended as much as before. I endeavored, by introducing a large gum-elastic catheter into the uterus, to find the opening, which had become clogged, but did not succeed. The patient lost strength rapidly; chills, delirium, and other septic symptoms set in; toward the last she became comatose, and, on January 7th, during the night, her troubles ceased.

I was notified of her death early in the morning of the 8th, and, as she had requested a post-mortem examination in the event of her death, was urged to make it as soon as possible.

I called upon three physicians who had seen the case; one was out, the two others were engaged. Dr. Ensign, of Oxford, N. Y., who was visiting in the city, and had called with me a week or so before, was next waited on and gladly consented to be present.

Mrs. Dr. Dann, hearing of the autopsy, came in. On opening the abdominal cavity, we first encountered a rather dense membrane, which, on being cut into, disclosed a full-term fœtus in an advanced stage of decomposition. This was carefully removed, when a round opening about three eighths of an inch in diameter was disclosed, communicating with the uterus through the left wall, which was agglutinated to the sac very firmly. The two together were of about the thickness of a piece of chamois leather. In the posterior side of the sac was a rent about three inches long, leading into the abdominal cavity, where quite a quantity of the previously described fluid was found.

The mass of the placenta had been entirely dissolved, leaving only the vessels, like cords, clinging to the top of the sac, which was adherent to the flexure of the transverse and descending colon; the anterior surface was pretty firmly attached to the peritonæum of the left side. We determined that the sac was formed from the left Fallopian tube.

This, gentlemen, I present as the history of a case from which many valuable lessons are to be learned:

1. The unmistakable signs of gestation in the empty womb in tubal pregnancy, especially the entire absence of the menses.

2. The sympathy of the mammæ, as in normal pregnancy.

3. And, most remarkable, the preparation of that empty womb for parturition at the completion of gestation, and the part played in the same rôle by the vagina.

4. The resistance of the interior of the womb to the septic matters pouring through it for weeks.

5. The entire absence of septic symptoms until the sac ruptured into the abdominal cavity.

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